

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/531805**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2-				
4		2-				
5		2-				
6		2-				
7		2-				
8		2-				
9		2-				
10		2-				
11		2-				
12		2-				
13		2-				
14	1					
15	1					
16	1					
17		1-				
18		1-				
19		1-				
20		1-				
21		1-				
22		1-				
23		1-				
24		1-				
25		1-				
26		1-				
27		1-				
28	1					
29	1					
30		1-				
31		1-				
32		1-				
33		1-				
34		1-				
35		1-				
36	1					
37	1					
38	1					
39		2-				
40		2-				
41		2-				
42		2-				
43		2-				
44		2-				
45		2-				
46		2-				
47		2-				
48		2-				
49	1					
50		1-				
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52				1-		
53				1-		
54			1			
55			1			
56			1			
57			1			
58			1			
59				2-		
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96						
97						
98						
99						
100						
TOTAL IND.		↓		16	↓	
TOTAL DEP.		←		65	←	
TOTAL CLAIMS				81		